



*Ifw*

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)		Application Number	10/769,574
		Filing Date	January 29, 2004
		First Named Inventor	Bret Berner
		Art Unit	1616
		Examiner Name	Edward Webman
Mail Stop	Amendment	Attorney Docket Number	3100-0001.10

**ENCLOSURES (Check all that apply)**

<input checked="" type="checkbox"/> <b>No fee due</b> <input type="checkbox"/> Fee(s) due: \$ _____ Fee Transmittal <input type="checkbox"/> Check enclosed <input type="checkbox"/> Charge Deposit Account No. 18-0580 <input type="checkbox"/> 37 CFR § 1.16 <input type="checkbox"/> 37 CFR § 1.17 <input checked="" type="checkbox"/> <b>The Commissioner is authorized to charge any underpayment or credit any overpayment to Deposit Account No. 18-0580</b> <input checked="" type="checkbox"/> <b>Return postcard</b> <input type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) - _____ <input type="checkbox"/> Affidavits/declaration(s) - _____ <input type="checkbox"/> ___-Month Extension of Time	<input type="checkbox"/> Terminal Disclaimer <input checked="" type="checkbox"/> <b>Supplemental Information Disclosure Statement &amp; PTO-Form 1449</b> <input checked="" type="checkbox"/> <b>Copies of cited references EB &amp; EC</b> <input type="checkbox"/> Response to Missing Parts / Incomplete Application <input type="checkbox"/> Declaration(s) by Inventor(s) <input type="checkbox"/> Preliminary Amendment <input type="checkbox"/> Updated Application Data Sheet <input type="checkbox"/> Drawing(s) - ___ Sheets <input type="checkbox"/> Compact Disk(s) - ___ CD(s) <input type="checkbox"/> Petition <input type="checkbox"/> Power of Attorney & Address Indication Form	<input type="checkbox"/> Revocation of & New Power of Attorney, Address Indication Form <input type="checkbox"/> Request for Refund <input type="checkbox"/> After Allowance Communication to a Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Other Enclosure(s):
---	--	--

**REMARKS**

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual Name (print/type)	Isaac M. Rutenberg, Reg. No. 57,419 Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C.	Telephone	(650) 251-7700
Signature		Date	February 7, 2007

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below

Name (print/type)	Joe Clark	Date	February 7, 2007
Signature			



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In Re Application of:

Bret BERNER et al.

Confirmation No. 8962

Application Serial No. 10/769,574

Group Art Unit: 1616

Filing Date: January 29, 2004

Examiner: Edward WEBMAN

Title: GASTRIC RETENTIVE ORAL DOSAGE FORM WITH RESTRICTED DRUG RELEASE IN THE LOWER GASTROINTESTINAL TRACT

**SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT  
FILED PURSUANT TO 37 C.F.R. § 1.97(b)(3)**

**Mail Stop Amendment**

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Pursuant to 37 C.F.R. § 1.97(b)(3), applicants respectfully request that the Examiner review and make of record the references identified in the attached PTO-1449 form. Applicants respectfully request that the Examiner initial and attach a copy of the initialed PTO-1449 with the next Office Communication so that applicants can confirm that the cited references have been reviewed and made of record. A copy of the cited references are attached to this Information Disclosure Statement ("IDS").

This IDS is not intended as a representation that a search has been made, that additional information material to the examination of this application does not exist, or that the references cited herein constitute prior art to the present application within the meaning of 35 U.S.C. § 102.

As this IDS is filed pursuant to 37 C.F.R. § 1.97(b)(3) before the mailing of a first Office Action on the merits, no fee accompanies this IDS; however, if the Office deems that a fee is required in order to process this paper or if the Office finds that an overpayment has been made for this case, then the Commissioner is authorized to charge such fee or to credit any overpayment to Deposit Account

No. 18-0580.

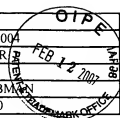
Respectfully submitted,

By:



Isaac M. Rutenberg  
Registration No. 57,419  
c/o MINTZ LEVIN  
1400 Page Mill Road  
Palo Alto, California 94304-1124  
(650) 251-7700 Telephone  
(650) 251-7739 Facsimile  
**Customer Number 23980**

Substitute for form 1449A/PTO			Application Number	10/769,574
<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b> <i>(use as many sheets as necessary)</i>			Filing Date	January 29, 2004
			First Named Inventor	Bret BERNER
			Art Unit	1616
			Examiner Name	Edward WEBMAN
			Attorney Docket Number	3100-0001.10
Sheet	1	of	1	



U.S. PATENT DOCUMENTS							
Examiner Initials*	Cite No.	Document No.	Issue Date or Publication Date	Name of Patentee or Applicant of Cited Document	Class	Subclass	Filing Date if Appropriate

FOREIGN PATENT DOCUMENTS							
Examiner Initials*	Cite No.	Foreign Patent Document No.	Publication Date	Country	Class	Subclass	T

OTHER DOCUMENTS — NONPATENT LITERATURE DOCUMENTS							T
Examiner Initials*	Cite No.	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), Title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.					
/A.H./	EB	HOU et al., "Gastric Retentive Dosage Forms: A Review," <i>Crit. Rev. Ther. Drug Carrier Syst.</i> (2003) 20(6):461-497.					
/A.H./	EC	LOUIE-HELM et al., "Pharmacokinetics of Ciprofloxacin Gastric Retentive Tablets in Healthy Volunteers," <i>Control Release Soc. 28<sup>th</sup> An. Meeting Proc.</i> (2001) 6044.					

TRA 2251302v.1

Examiner Signature	/Andriac Holt/	Date Considered	04/09/2008
--------------------	----------------	-----------------	------------

\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.